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# REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

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| Application Number | 10/681,018 |
| Filing Date | 10/8/2003 |
| First Named Inventor | JOAN FALLON |
| Art Unit | 1646 |
| Examiner Name | JIANG, DONG |
| Attorney Docket Number | 8016-1 CIP CON |

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☒ A Power of Attorney is submitted herewith.

***OR***

☐ I hereby appoint the practitioners associated with the Customer Number: ____

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number: ____

***OR***

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|---|---|---|---|
| Signature | | | |
| Name | Joan Fallon | | |
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of ____ forms are submitted.

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